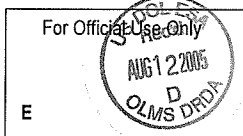


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5743</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Mary Jean</u> <u>B</u> <u>Piraino</u> P.O. Box, Bldg., Room No., if any Street <u>1775 K Street, NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>	4. Name, file number, and address of labor organization. Name <u>UFCW Int'l Union</u> Labor Organization File Number <u>000-056</u> P.O. Box, Building and Room Number, if any Street <u>1775 K Street, NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>
5. Position in labor organization. <u>Director, Leadership Development</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>N/A</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. <u>N/A</u> 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u><i>Mary Jean B. Piraino</i></u>	On <u>8/11/2005</u> Date	<u>202-466-1554</u> Telephone Number

Name of Person Filing Mary Jean Piraino	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Hargrove, Incorporated</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>Number One Hargrove Drive</u></p> <p>City <u>Lanham</u></p> <p>State <u>Maryland</u> ZIP Code + 4 <u>20706</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Provides event production services to the union.</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$97,407</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Business lunch. Receipt was not obtained and value is estimated</u></p> <p>12.b. Amount. <u>\$35</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>Walt Disney Parks and Resorts Florida</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>Post Office Box 10000</u></p> <p>Street <u></u></p> <p>City <u>Lake Buena Vista</u></p> <p>State <u>Florida</u> ZIP Code + 4 <u>32830-1000</u></p>	<p>14.a. Nature of payment.</p> <p><u>Comped meals and park tickets, and provided a novelty watch during site visit for potential meetings, events, and convention locations. Receipts were not obtained and values are estimated.</u></p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u>\$335</u></p>

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Las Vegas Convention and Visitors Authority

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 20

Street 1050 Connecticut Avenue, NW

City Washington

State District of Columbia ZIP Code + 4 20036

14.a. Nature of payment.

Business lunch regarding site visit for potential meetings, events, and convention locations. No receipt was obtained and value is estimated.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$30

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Mandalay Bay Resort and Casino

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3950 Las Vegas Boulevard, South

City Las Vegas

State Nevada ZIP Code + 4 89119-1006

14.a. Nature of payment.

Comped meals and show tickets during site visit regarding meetings, events, and convention locations. Receipts were not obtained and values are estimated.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$250

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Paris Las Vegas

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3655 Las Vegas Boulevard, South

City Las Vegas

State Nevada ZIP Code + 4 89119-1006

14.a. Nature of payment.

Comped meal and show ticket during site visit regarding meetings, events, and convention locations. Receipts were not obtained and values are estimated.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$100

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Orlando/Orange Co. Convention & Visitors Bur

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 6700 Forum Drive

City Orlando

State Florida ZIP Code + 4 32821-8017

14.a. Nature of payment.

Business lunch regarding site visit for potential meetings, events, and convention locations. No receipt was obtained and value is estimated.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$30

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Lansdowne Resort

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 44050 Woodridge Parkway

City Lansdowne

State Virginia ZIP Code + 4 20176

14.a. Nature of payment.

Comped lunch during site visit for potential meeting location. No receipt was obtained and value is estimated.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$30

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Greater Montreal Convention & Tourism Bureau

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 600

Street 1555 Peel Street

City Montreal, Quebec

State Other ZIP Code + 4

14.a. Nature of payment.

This is a Canadian employer. Comped meals and show tickets during a site visit for potential convention location. Receipts were not obtained and values are estimated.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$500

Name of Person Filing Mary Jean Piraino

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Le Centre Sheraton Hotel

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1201 Boul Rene-Levesque Ouest

City Montreal, Quebec

State Other

ZIP Code + 4

14.a. Nature of payment.

This is a Canadian employer. Comped meal during site visit for potential convention location. No receipt was obtained and value is estimated.

13.b. Is the Business an Employer ☒or Consultant ☐

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14.b. Amount of payment.

\$75

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Toronto Convention and Visitors Bureau

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 126

Street 207 Queen's Quay West

City Toronto, Ontario

State Other

ZIP Code + 4

14.a. Nature of payment.

This is a Canadian employer. Comped meals during site visit for potential convention location. Receipts were not obtained and values are estimated.

13.b. Is the Business an Employer ☒or Consultant ☐

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14.b. Amount of payment.

\$200

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Metro Toronto Convention Centre

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 255 Front Street West

City Toronto, Ontario

State Other

ZIP Code + 4

14.a. Nature of payment.

This is a Canadian employer. Comped meals and received a novelty gift watch during site visit for potential convention location. Receipts were not obtained and values are estimated.

13.b. Is the Business an Employer ☒or Consultant ☐

?

14.b. Amount of payment.

\$150

